


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003876 1. Entity Name U.S. GROUP CONSOLIDATOR, INC.	
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Principal Place of Business 1600 GILBRETH ROAD BURLINGAME, CA 94010	Mailing Address 1600 GILBRETH ROAD BURLINGAME, CA 94010
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0326488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAY-HUGHES, JOANN 2801 NW 74TH AVE SUITE 168A MIAMI, FL 33122
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  1-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

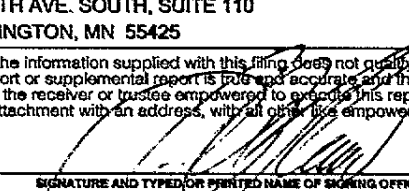
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CHU, BARRY 1600 GILBRETH ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC CHU, SONIA 1600 GILBRETH ROAD BURLINGAME, CA 94010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WU, ANDY 618 GLASGOW AVENUE INGLEWOOD, CA 90301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WU, CINDY 618 GLASGOW AVENUE INGLEWOOD, CA 90301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVOLACCI, JASPER A 1000 TOWER LANE SUITE 355 BENSENVILLE, IL 60106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, MICHAEL 8100 26TH AVE. SOUTH, SUITE 110 BLOOMINGTON, MN 55425

U00000220480
02/08/05-80071-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JASPER A TAVOLACCI 2/3/05 630 694 0194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #